

NEW/CHANGE CLIENT INTAKE FORM

DATE:

REQUESTED BY:

CLIENT NAME:
(40 CHARACTERS)

CLIENT CODE (MLLIST REF):
(Office Use Only)

PRIMARY CONTACT:

E-MAIL ADDRESS:

TITLE:

ALTERNATIVE CONTACT:

E-MAIL ADDRESS:

TITLE:

STREET 1:

STREET 2: (PO BOX)

STREET 3: (SUITE/ROOM #)

CITY:

STATE:

ZIP CODE:

COUNTRY:

TELEPHONE #:

FAX #:

ADDITIONAL PHONE #:

DIRECT DIAL #:

CELL #:

COUNTRY CODE:

CONTACT PERSON FOR ACCOUNTS PAYABLE DEPARTMENT: _____

PHONE NUMBER: _____

FAX NUMBER: _____ AND EMAIL ADDRESS: _____

SALESMAN: _____

ACCOUNT STATUS: COD NET 30

SPECIAL PRICE LIST: **DEFAULT/** _____ CUSTOMER CATEGORY: _____

REPORTING: PLEASE INDICATE BELOW WHO WILL RECEIVE THE COA THROUGH EMAIL*

*Please check if you do not want to receive reports through email

CONTACT	PHONE	E-MAIL

TO RECEIVE REPORTS VIA ANOTHER METHOD PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:

FAX FAX ONLY PRINT PRINT ONLY

IF RESULTS ARE PRESUMPTIVE OR CONFIRMATION FOR PATHOGEN SHOW, WOULD YOU LIKE THIS COMMUNICATED?

PHONE <CONTACT ALL OR FOLLOW BELOW LIST AS INDICATED ON-LINE

CONTACT	PHONE	E-MAIL
(FIRST)		
(SECOND)		
(THIRD)		
(FOURTH)		

For Office Use Only

SPECIAL INFO FORM: _____ BLANKET PO#: _____ PICK-UP CHARGE: _____ MATRIX: _____

COMMENTS:

USERS ADDED TO OUTLOOK: DATE: _____

SPECIAL PRICING (OFFPRICES):

[] WELCOME LETTER [] CREDIT APPLICATION

CFSC NY SCA NCA CMW OFFICE
CIRCLE ONE